

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.		
1							61	
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TOTAL NO.	5						TOTAL NO.	
TOTAL							TOTAL DEF.	